

One-on-One Interview Questions 24-25

Contact information will be documented to determine where we may need more representation in a certain sector and to ensure no duplication of interviews. Please take detailed notes about your conversation and submit them via email to the Prevention Specialist. Our evaluator will review the interview questions and provide a report for the LCCA.

1. Date

Example: January 7, 2019

2. Interviewer's Name (lower case first name, last name)

3. Name of Person being Interviewed

4. Interviewee's Phone Number (optional)

5. Interviewee's Role in the Community

6. Sector (ex. Parent - High school, ex. Healthcare- Hospice Nurse, ex. Law Enforcement - State Police)

Perception Interview

7. What is your perception of youths using substances in our county? *(what substances do you think they are using most? how often are they using substances? What percentage of teens do you think are using substances? What tells you this?)*

Alcohol: Marijuana: Nicotine: Prescription Medication: Over the counter Medication:

8. What is your understanding of how underage drinking, vaping, and marijuana impact teenagers and our community at large?

9. How do you think young people access substances?

10. When and where do you think youth use substances (*at school? community events? home? prom? football games?, etc.*)

11. Why do you think minors are using substances?

12. What opportunities can this community or coalition explore to effectively address substance use among youth in the county?

13. Other important information that may have been discussed:

14. Level of self-interest (*Is this an issue in our community that is important to you?*)

LCCA Overview: Tell the person about the LCCA and how we work to reduce youth substance use.

15. What are resources you'd be willing to contribute to helping this cause? (*How can an individual help with the issue: time, skills, contacts, expertise, fund-raising, etc.*)

16. Would you be interested in attending an LCAA meeting (LCCA meets on the second Tuesday of every month from 6-7:30 pm.)

Mark only one oval.

☐ Yes

☐ No

17. Add to mailing list? (If yes, please submit email address)

18. Survey for Reporting:
I have gained a better understanding of LCCA activities.

Mark only one oval.

1 2 3 4 5

Stro ☐ ☐ ☐ ☐ ☐ Strongly Disagree

19. Survey for Reporting:
I am more aware of opportunities to get involved with the LCCA.

Mark only one oval.

1 2 3 4 5

Stro ☐ ☐ ☐ ☐ ☐ Strongly Disagree

Follow Up

Who do you recommend we follow up with next?

20. Recommended Name (Slot 1)

21. Role In Community/Reason for suggesting (Slot 1)

22. Contact Information (Slot 1)

23. Recommended Name (Slot 2)

24. Role In Community/Reason for suggesting (Slot 2)

25. Contact Information (Slot 2)

This content is neither created nor endorsed by Google.

Google Forms